

SERFF Tracking Number:	SELX-125878044	State:	Arkansas
Filing Company:	SENTRY LIFE INSURANCE COMPANY	State Tracking Number:	40709
Company Tracking Number:	INLAR0123204F01		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Individual Life		
Project Name/Number:	Individual Life/INLAR0123204F01		

Filing at a Glance

Company: SENTRY LIFE INSURANCE COMPANY

Product Name: Individual Life

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: SELX-125878044 State: Arkansas

SERFF Status: Closed-Accepted State Tr Num: 40709

For Informational Purposes

Co Tr Num: INLAR0123204F01

State Status: Filed-Closed

Reviewer(s): Linda Bird

Author: SPI SentryInsuranceLH

Disposition Date: 01/13/2009

Date Submitted: 10/29/2008

Disposition Status: Accepted For

Informational Purposes

Implementation Date:

Implementation Date Requested: 10/29/2008

State Filing Description:

General Information

Project Name: Individual Life

Project Number: INLAR0123204F01

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/13/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 01/13/2009

Created By: SPI SentryInsuranceLH

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI SentryInsuranceLH

Filing Description:

The above captioned form is being submitted For Information Only.

This form has been changed due to a change in the Medical Information Bureau notice requirements. It is replacing form 340-249(ARN) which was approved by your Department on December 18, 1998.

Any future changes to this form will not be filed with the department, since filing of this form is not required.

Also, page 2 included a list of all policies and riders available and instructions for the agent. We no longer have a need to include this information.

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Company and Contact

Filing Contact Information

Linda Mijal, Compliance/Development Analyst	Linda.Mijal@sentry.com
1800 North Point Drive	715-346-7187 [Phone]
Stevens Point, WI 54481	715-346-6044 [FAX]

Filing Company Information

SENTRY LIFE INSURANCE COMPANY	CoCode: 68810	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name:	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 39-6040276	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
SENTRY LIFE INSURANCE COMPANY	\$0.00	10/29/2008	

SERFF Tracking Number:	SELX-125878044	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		01/13/2009	01/13/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/29/2008	10/29/2008			

<i>SERFF Tracking Number:</i>	<i>SELX-125878044</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>SENTRY LIFE INSURANCE COMPANY</i>	<i>State Tracking Number:</i>	<i>40709</i>
<i>Company Tracking Number:</i>	<i>INLAR0123204F01</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Individual Life</i>		
<i>Project Name/Number:</i>	<i>Individual Life/INLAR0123204F01</i>		

Disposition

Disposition Date: 01/13/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	SELX-125878044	State:	Arkansas
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Project Name/Number:	Individual Life/INLAR0123204F01		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		No
Supporting Document	Cover Letter		No
Supporting Document	AR - NAIC TRANSMITTAL DOC, AR - NAIC FORM FILING ATTACHMENT		No
Form	Part I - Life Insurance Application		No

SERFF Tracking Number: *SELX-125878044* *State:* *Arkansas*
Filing Company: *SENTRY LIFE INSURANCE COMPANY* *State Tracking Number:* *40709*
Company Tracking Number: *INLAR0123204F01*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Individual Life*
Project Name/Number: *Individual Life/INLAR0123204F01*

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 10/29/2008

Submitted Date 10/29/2008

Respond By Date

Dear Linda Mijal,

This will acknowledge receipt of the captioned filing.

Objection 1

- Part I - Life Insurance Application, 340-249A-2 (Form)
- Certification/Notice (Supporting Document)
- Application (Supporting Document)
- Cover Letter (Supporting Document)
- AR - NAIC TRANSMITTAL DOC, AR - NAIC FORM FILING ATTACHMENT (Supporting Document)

Comment: The filing fee was not included under EFT on this submission. Please advise if a check for the filing fee will follow by regular mail on this filing? We will hold your filing in a pending status until the fee is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	340-249A-2	Application/ Part I - Life Insurance Enrollment Form	Application	Initial		0.000	340-249A-2.PDF



**Sentry Life
Insurance Company**

1800 North Point Drive
Stevens Point, WI 54481
1-800-533-7827

Referred to as "Sentry"

**PART I - LIFE
INSURANCE APPLICATION
ID#**

(Enter ID# from submitted application(s).)

AGENT'S REPORT

Report must be completed on all applications. Complete fully and sign as indicated.

1. Was the sales interview(s) conducted in a language other than English? ___ Yes ☒ No
 If yes, specify language _____
 Do you speak that language? ___ Yes ___ No
 If no, how were questions asked? _____
2. Were the following given?:

The Important Notice to the Proposed Insured(s)?	<input checked="" type="checkbox"/>	Yes	___	No
The Temporary Insurance Agreement to the Owner(s)?	<input checked="" type="checkbox"/>	Yes	___	No
The Buyer's Guide and Disclosure Statement (if required) to the Owner(s)?	<input checked="" type="checkbox"/>	Yes	___	No
A copy of an Illustration to the Owner(s)?	<input checked="" type="checkbox"/>	Yes	___	No
3. Is this application(s) for Business Insurance? ___ Yes ☒ No
 If yes, complete Business Insurance Section A-F

BUSINESS INSURANCE SECTION

- A. Nature of Business _____ Approximate # of employees _____
- B. The purpose of this business insurance is:

___ Buy/sell protection	___ Loan security	___ Supplemental benefit for employee
___ Key person indemnification	___ Family income protection	___ Supplemental retirement
___ Other _____		
- C. Net Worth \$ _____ Sales for past year \$ _____ (Estimates acceptable)
- D. Proposed Insured's Salary \$ _____ Other Insured Rider's Salary \$ _____
- E. Was the Home Office proposal unit involved? ___ Yes ___ No
- F. Amount of business insurance in force and/or applied for on each officer/member of the firm (all companies).

Name	Age	Position	In force	Amount applied for
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

4. List all agent(s) to receive commissions.

Name (Print)	Salescode	% of Commissions	Home Phone	Business Phone
John Doe	111111	100	(715) 111-1111	(715) 222-2222

BASE INSURED IS UNDER AGE 18.

5. How many children are in the household? 0
6. Are all children in the household insured equally? ___ Yes ___ No If not, explain.
7. How much insurance is in force on the parent(s) or legal guardian(s) of this child?

I certify that I met with the Proposed Insured(s) on this date. I am not aware of any information regarding eligibility, acceptability, or insurability other than what is stated in this application(s) and agent's report that may adversely affect any person who is proposed for insurance.

John Doe
Agent Signature

4-18-06
Date

(Agent must have a resident or non resident license for residence state of the Proposed Insured(s) and for the state where the application(s) is/are signed.)



Sentry Life Insurance Company

1800 North Point Drive
Stevens Point, WI 54481
1-800-533-7827

Referred to as "Sentry"

PART I - LIFE INSURANCE APPLICATION ID#

(Enter ID# from submitted application(s).)

BANK CHECK PAYMENT AUTHORIZATION

TO: SENTRY LIFE INSURANCE COMPANY

Check One: ☒ Checking ☐ Savings

I hereby request and authorize you to debit my checking or savings account maintained at the below named financial institution for the payment to Sentry Life Insurance Company (Sentry) of premiums due on all insurance policies referenced below and renewals thereof. It is agreed that:

1. Any requirement for giving notice of premiums due shall be waived as long as the automatic payment plan is in effect. No premium or portion thereof shall be deemed to have been paid unless Sentry receives actual payment at its Home Office. If there are insufficient funds at the date of deduction, you may request collection again with any charges for the initial non-payment or second request to be paid by me. The use of this plan shall in no way alter or amend the provisions of any policy upon non-payments of the premium due.
2. If this authorization pertains to a policy issued, on which the mode of payment is now other than monthly, this shall constitute an election to alter such mode to a monthly basis.
3. It will not be necessary for any officer or employee of Sentry to sign such debits.
4. Sentry shall incur no liability by reason of the dishonor of any such debit.
5. This payment plan shall continue in effect unless terminated by Sentry or me by thirty (30) days written notice to the other party. In addition, Sentry may terminate the plan immediately if any debit is not paid upon presentation.

4-18-06
Date

555555
Account Number

Mark M. Sentry
Signature of Depositor As it Appears On Record

SENTRY LIFE INSURANCE COMPANY

AUTHORIZATION TO HONOR DEBITS DRAWN BY AND PAYABLE TO SENTRY LIFE INSURANCE COMPANY, STEVENS POINT, WI

To: (Bank Name) Bank One

Branch Name

Address 111 Main St. Anytown, WI 54481
Street City State Zip

As a convenience to me, I hereby authorize you to pay and charge to my checking or savings account debits drawn by and payable to the order of Sentry Life Insurance Company (Sentry), Stevens Point, Wisconsin, whether or not made electronically, provided there are sufficient collected funds in said account to pay the same upon presentation. It will not be necessary for any officer or employee of Sentry to sign such debits. I agree that your rights in respect to each such debits shall be the same as if it were a debit drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing.

4-18-06
Date

555555
Account Number

Mark M. Sentry
Signature of Depositor

To: The Financial Institution Named Above

In consideration of your participation in a plan by which amounts payable to Sentry Life Insurance Company (Sentry) are collected by debits drawn by and payable to the order of Sentry on the accounts of persons who are responsible for these payments, Sentry does hereby agree that:

1. The presentation by Sentry, whether or not done electronically, of any such item for payment by you shall constitute the warranty of Sentry that it holds your depositor's written authorization to draw it. You shall have no obligation in the processing of such items beyond ascertaining that such items are payable to Sentry and are endorsed for deposit by Sentry.
2. It will indemnify and hold you harmless from any liability to any person having an account with you arising out of a payment by you, or out of a dishonor by you, whether with or without cause or intentionally or inadvertently, of any debit drawn by Sentry on the account of such person; and it will indemnify and hold you harmless from any liability to any person making claim under any policy of insurance with respect to which debits are drawn, whether arising by policy lapse, forfeiture or otherwise.
3. It will refund to you any amount erroneously paid by you on any such debit.

SENTRY LIFE INSURANCE COMPANY

By: W. O. Rully Secretary

ATTACH VOID CHECK HERE
(Do Not Attach Deposit Slip)



Sentry Life Insurance Company

1800 North Point Drive
Stevens Point, WI 54481
1-800-533-7827

Referred to as "Sentry"

SUPPLEMENT TO LIFE INSURANCE APPLICATION ID# _____

(Enter ID# from submitted application(s).)

RECEIPT

READ THIS RECEIPT AND AGREEMENT CAREFULLY! In this Receipt and Agreement the words we, our, us refer to Sentry as indicated in the Application. The word you refers to the Proposed Insured(s). Only an officer of Sentry may change or waive any of the terms and conditions below. **ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO SENTRY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

Receipt: Plan of Insurance Whole Life
\$ 100.00 for life insurance has been received from Mark M. Sentry as payment for Life Insurance
on Mark M. Sentry with an application(s) having the same date as this Receipt
Dated at Anytown, WI on 4-18, 2006 John Doe
(Location) (Month/Day) (Year) (Signature of Agent)

TEMPORARY LIFE INSURANCE AGREEMENT

Life Insurance

If at least 1/12 of the annual premium is paid, including all Riders applied for, temporary life insurance subject to the same conditions as the policy applied for, and subject to the conditions and termination provisions below, will take effect on the Effective Date as defined below.

Effective Date of Life Insurance

The Effective Date is the latest of the following dates:

- the date the application(s) was/were completed.
- the date you have completed all required medical examinations and tests.

Accidental Death

If you die from accidental bodily injury, this Temporary Life Insurance Agreement will be considered to have been in effect on the date the application(s) was/were completed.

Conditions Where There Is No Coverage

- In completing this application(s), if there is fraud or misrepresentation material to our acceptance of the risk, then no insurance begins under this Agreement. Only a refund of all payments will be made.
- If you die by suicide whether sane or insane, only a refund of all payments will be made.
- No insurance begins under this Agreement if no payment is received by us, or if the check or any other form of payment cannot be collected.

Amount of Temporary Life Insurance

Under this Agreement, the death benefit will be the amount of life insurance applied for on the Proposed Insured(s), up to \$500,000. This \$500,000 limitation includes all life insurance presently in force or applied for under another application with Sentry Life Insurance. The Accidental Death Benefit, Disability Waiver Benefit, Payor Benefit or Guaranteed Insurability Benefit will not be part of this agreement.

Termination of Life Insurance

This temporary life insurance will terminate on the **earliest** of the following dates:

- the date we approve the application(s) without modification;
- the date we offer a policy other than as applied for;
- the date we decline the application(s);
- the date the application(s) is/are voluntarily withdrawn by the Owner(s) or Proposed Insured(s);
- 60 days from the date of this Receipt

If the application(s) is/are declined, or this agreement(s) does not become effective, our only obligation will be to refund the premium paid.

Acknowledgement

I have received and read this Receipt and Agreement. I understand their terms, limits and provisions.

Mark M. Sentry
Signature of Proposed Insured(s)

4-18-06
Date

Signature of Owner(s)
(if other than Proposed Insured)

Date



Sentry Life Insurance Company

1800 North Point Drive
Stevens Point, WI 54481
1-800-533-7827



Referred to as "Sentry"

SUPPLEMENT TO APPLICATION

ID# _____

(Enter ID# from submitted application(s).)

IMPORTANT NOTICE, KEEP FOR YOUR RECORDS

Important Notice from Sentry. We believe you should know exactly what you're getting when you purchase a life insurance policy, and what happens while your application(s) is/are being processed. So, we've written your policy and consumer information notices in easy-to-understand language with no legal jargon or fine print. We feel greater understanding of your rights and our obligations will improve our ability to serve you.

Information about you helps us evaluate your application. Like you, we are concerned about your privacy. But, we must have certain information about you to fairly evaluate your life insurance application(s). We need to look at the accuracy of information on the application(s), at your life insurance needs, and at your exposure to various risks in order to determine a fair price for your insurance protection. Otherwise, people with fewer risks would have to pay the same rate as people with higher risks.

We may consult various sources. These include:

- statements you make on the application(s);
- results of your physical examination and/or medical studies (if required);
- reports we receive from doctors or medical facilities; consumer reports;
- the Medical Information Bureau.

The consumer report may be obtained through personal interviews with your neighbors, friends, employers, or others you know. It includes information regarding your character, general reputation, personal characteristics and lifestyle. If you make a written request, we will mail to you a complete and accurate account of the nature and scope of any investigation we have requested, within five days after we receive your written request. You should understand that information contained in a report prepared for us by an outside agency may be kept by the agency and disclosed to others. You may receive and inspect any such report directly from the consumer reporting agency. You may also contact the Federal Trade Commission for a written summary of consumer rights prepared pursuant to section 609(c) of the Fair Credit Reporting Act.

Information about you will be treated as confidential. Disclosures will be made to other insurance companies to whom you apply for life or health insurance, or to whom a claim for benefits may be submitted, or to our reinsurers, but only upon your authorization. Disclosures will be made without your authorization only when required by law.

Information regarding your insurability will be treated as confidential. Sentry, or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau (MIB), a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such company, MIB upon request, will supply such company with the information in its file.

You have access to your records. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642 for hearing impaired). If you question the accuracy of information in the MIB file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the MIB information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112.

You may obtain the nature of any personal information Sentry maintains concerning you, and, if necessary, seek a correction by writing or calling Corporate Relations, Sentry Insurance Company, 1800 North Point Drive, Stevens Point, WI 54481, (715) 346-6225. You will be sent an inquiry form to be completed and returned to us.

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item:	Certification/Notice	
Bypass Reason:	N/A	
Comments:		

	Item Status:	Status Date:
Bypassed - Item:	Application	
Bypass Reason:	N/A	
Comments:		

	Item Status:	Status Date:
Satisfied - Item:	Cover Letter	
Comments:		
Attachment:		
Cover Letter.PDF		

	Item Status:	Status Date:
Satisfied - Item:	AR - NAIC TRANSMITTAL DOC, AR - NAIC FORM FILING ATTACHMENT	
Comments:		
Attachments:		
AR - NAIC TRANSMITTAL DOC.PDF		
AR - NAIC FORM FILING ATTACHMENT.PDF		

Sentry Life Insurance Company
1800 North Point Drive
P.O. Box 8018
Stevens Point, WI 54481-8018

800 533-7827



October 29, 2008

COMPLIANCE - LIFE AND HEALTH
ARKANSAS DEPARTMENT OF
INSURANCE
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904

SENTRY LIFE INSURANCE COMPANY NAIC # 19-68810
FORM 340-249A-2 – PART I – LIFE INSURANCE APPLICATION

The above captioned form is being submitted For Information Only.

This form has been changed due to a change in the Medical Information Bureau notice requirements. It is replacing form 340-249(ARN) which was approved by your Department on December 18, 1998.

Any future changes to this form will not be filed with the department, since filing of this form is not required.

Also, page 2 included a list of all policies and riders available and instructions for the agent. We no longer have a need to include this information.

We respectfully await your acknowledgement.




Linda Mijal
Compliance/Development Analyst
715-346-7187(voice)
715-346-6044(fax)
Linda.Mijal@sentry.com

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	SENTRY LIFE INSURANCE COMPANY 1800 North Point Drive Stevens Point WI 54481	WI		169	68810	39-6040276	
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
	Linda Mijal 1800 North Point Drive Stevens Point WI 54481	800-533-7827	715-346-6044		Linda.Mijal@sentry.com		
5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	INLAR0123204F01					
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____						
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> <div>Group</div> </div>					
9.	Type of Insurance	L04I Individual Life - Term					
10.	Product Coding Matrix Filing Code	L04I.500 Other					
11.	Submitted Documents	<input checked="" type="checkbox"/> <u>FORMS</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <input type="checkbox"/> <u>RATES</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> <u>FILING OTHER THAN FORM OR RATE:</u> Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Certifications </div> </div>					

12.	Filing Submission Date	10-29-08
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	10-14-98
15.	Filing Description:	
	<p>The above captioned form is being submitted For Information Only.</p> <p>This form has been changed due to a change in the Medical Information Bureau notice requirements. It is replacing form 340-249(ARN) which was approved by your Department on December 18, 1998.</p> <p>Any future changes to this form will not be filed with the department, since filing of this form is not required.</p> <p>Also, page 2 included a list of all policies and riders available and instructions for the agent. We no longer have a need to include this information.</p>	

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Linda Mijal</u> Title <u>Compliance/Development Analyst</u></p> <p>Signature <u></u> Date <u>10-29-08</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		INLAR0123204F01
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Part I - Life Insurance Application	340-249A-2	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	